

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>02-OCT-2011</b>		TIME <b>19:18:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>				3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>0621</b>														
	5. POSITION <b>9171</b>		6. LAST NAME <b>LAPITAN</b>		7. FIRST NAME <b>WILFREDO S</b>		8. STAR NO. <b>2351</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>API</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>506</b>		13. WT. <b>160</b>								
	14. DATE OF APPT. <b>14-AUG-2000</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>006 0620</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>505</b>		27. WT. <b>130</b>										
SUBJECT INFORMATION	28. SUBJECT'S NAME <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT), MOUTH (SPIT, BITE, ETC), FEET</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION</b>				34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED <input type="checkbox"/> DNA																		37. CB NO. <input type="checkbox"/> DNA		IR NO. <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <input type="checkbox"/>		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>ASSAILANT KICKED AND</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>								
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>																								
	40. ADDITIONAL INFORMATION																								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																								
	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors																								
CASE INFO.	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial																								
	44. WEATHER CONDITIONS <b>CLEAR</b>																								
	45. MAKE/MANUFACTURER																								
	46. MODEL																								
SIGNATURES	47. BARREL LENGTH																								
	48. CALIBER/GAUGE																								
	49. TASER DART ID NO. <b>C310131N3</b>																								
	50. WEAPON SERIAL No. (Include Letters) <b>X00-547545</b>																								
SIGNATURES	51. CHICAGO GUN REG. NO.																								
	52. IL FIREARM OWNER ID. NO.																								
	53. HANDGUN CERTIFICATE NO.																								
	54. SPECIAL WEAPON CERTIFICATE NO.																								
SIGNATURES	55. PROPERTY INVENTORY NO.																								
	56. TYPE OF AMMUNITION USED																								
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>																								
	58. TOTAL NO. OF SHOTS MEMBER FIRED																								
SIGNATURES	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>TASER</b>																								
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																								
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																								
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																								
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																								
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																								
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																								
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																								
SIGNATURES	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																								
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																								
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																								
	70. SIGNATURE <b>[REDACTED]</b>																								
SIGNATURES	71. R.D. NO. <b>[REDACTED]</b>																								
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																								
	73. REPORTING MEMBER (Print Name) <b>LAPITAN, WILFREDO S</b>																								
	74. REVIEWING SUPERVISOR (Print Name) <b>MEDRANO, PATRICK J</b>																								
SIGNATURES	75. DATE OF INCIDENT <b>02-OCT-2011 19:58:43</b>																								
	76. STAR/EMPLOYEE NO. <b>2351</b>																								
	77. SIGNATURE <b>[REDACTED]</b>																								
	78. DATE REVIEWED <b>02-OCT-2011 20:11:07</b>																								
SIGNATURES	79. TIME <b>19:18:00</b>																								
	80. SIGNATURE <b>[REDACTED]</b>																								
	81. DATE REVIEWED <b>02-OCT-2011 20:11:07</b>																								
	82. TIME <b>20:11:07</b>																								

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Jackson Park Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all the available facts at this time it appears the Sergeant involved followed all Department guidelines regarding the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1048984 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DE VRIES, DUANE M

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

02-OCT-2011 20:25:48

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)